

Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

John C. Green
Signature of author and editor

July 28, 2000

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Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN
OMB No. 1545-0003

> Keep a copy for your records.

1 Name of applicant (legal name) (see instructions)	Millwrights & Machinery Erectors Local #1000 PAC		
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name		
4a Mailing address (street address, room, apt., or suite no.) 9711 E. Hillsborough Ave.	4a Business address (if different from address on lines 4a and 4b)		
4b City, state, and ZIP code Tampa, Fl. 33610	4b City, state, and ZIP code		
6 County and state where principal business is located Hillsborough Florida	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Stephen M. Cothron		
8a Type of entity (Check only one box) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 2a.	8b Estate (SSN of decedent) ►		
<input type="checkbox"/> Sole proprietor (SSN) ►	<input type="checkbox"/> Partnership ►	<input type="checkbox"/> Personal service corp. ►	<input type="checkbox"/> Plan administrator (SSN) ►
<input type="checkbox"/> REMIC ►	<input type="checkbox"/> National Guard ►	<input type="checkbox"/> Other corporation (specify) ►	<input type="checkbox"/> Trust
<input type="checkbox"/> State/local government ►	<input type="checkbox"/> Farmers' cooperative ►	<input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Church or church-controlled organization ►	<input type="checkbox"/> Other nonprofit organization (specify) ►	(Enter GEN if applicable)	
<input type="checkbox"/> Other nonprofit organization (specify) ►	<input checked="" type="checkbox"/> Other (specify) ► Labor Organization		
8b If a corporation, name the state or foreign country where incorporated (if applicable) State	Foreign country		
9 Reason for applying (Check only one box) (see instructions) <input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Banking purpose (specify purpose) ►		
<input type="checkbox"/> Hired employees (Check the box and see the 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►		
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business		
<input type="checkbox"/> Created a trust (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►		
10 Date business started or acquired (month, day, year) (see instructions) 1952	11 Closing month of accounting year (see instructions) December		
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ►			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0. (see instructions) ►	Nonagricultural	Agricultural	Household
14 Principal activity (see instructions) ► Labor Organization	0	0	0
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A		
17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name known by prior application, if different from line 1 or 2 above. Legal name ►	Trade name ►		
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed	Previous EIN		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Stephen M. Cothron, Business Representative Name and title (Please type or print clearly) ► Financial Secretary		Business telephone number (include area code) (813) 626-1119 Fax telephone number (include area code) (813) 621-4782	
Signature ► <u>Stephen M. Cothron</u>	Date ► July 28, 2000		
Note: Do not write below this line. For officer use only.			
Please leave blank ►	Geo.	No.	Class
			Size
			Reason for applying

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 18055N

Form SS-4 (Rev. 4-2000)